

Advancing Maternal and Newborn Health in Nigeria: Strengthening Collaboration and Accountability Through Enhanced Multi-Stakeholder Engagement

Understanding the ENAP and EPMM Frameworks: Foundations for Maternal and Newborn Health Progress

The Every Newborn Action Plan (ENAP) and the Ending Preventable Maternal Mortality (EPMM) frameworks were introduced in 2014 and 2015, respectively, providing guidelines and targets for reducing maternal and newborn mortality rates, including stillbirths, to support countries in achieving the Sustainable Development Goals (SDGs).

ENAP and EPMM share complementary strategic objectives, coverage targets, and milestones, which are jointly managed by a team from the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and United Nations Population Fund (UNFPA). The recently published joint ENAP-EPMM progress report, *Improving Maternal and Newborn Health and Survival and Reducing Stillbirth: Progress Report 2023*, is a key opportunity to evaluate progress, and to stimulate renewed, coordinated action toward achieving the targets and milestones set by both initiatives.

Key Takeaways

- 1. The Need for Accelerated Progress:** Nigeria must significantly accelerate progress in maternal and newborn health to achieve the Sustainable Development Goal (SDG) targets, addressing disparities between the northern and southern regions.
- 2. Multi-Stakeholder Engagement:** Multi-stakeholder collaboration, including governments, civil society organizations, and communities, is essential for achieving the goals set by the ENAP and EPMM frameworks.
- 3. Financing MNH Acceleration Plans Including “Best Buys”:** Advocates and decision-makers should prioritize policy implementation, financing, and best-buy interventions including antenatal care (ANC), skilled birth attendants (SBA), and access to essential commodities to drive improvements in maternal and newborn health outcomes.
- 4. Take Action Now:** Complacency is the leading cause of maternal and newborn deaths and stillbirths worldwide, and the time is now to take action for the health and livelihood of mothers and babies.

Overview and Purpose of the Brief: Target Audience and Goals

This summary provides a concise analysis of progress made toward enhancing maternal and newborn health (MNH) outcomes in Nigeria, in line with the goals and milestones set by ENAP and EPMM. It offers a snapshot of the current multi-stakeholder landscape for MNH advocacy and accountability, highlighting the vital contributions of civil society, parents, and communities in developing plans, policies, and budgets, monitoring progress, and spurring action.

This brief serves as a valuable resource for governments, advocates, and other stakeholders[1] – both in Nigeria and globally – by informing the design, coordination, and evaluation of policies, services, and initiatives aimed at improving the health outcomes for mothers and newborns. It builds on existing efforts and lessons learned, pinpoints gaps and obstacles hindering progress, and underscores the necessity for a multi-sectoral approach that encompasses climate change, education, nutrition, women's rights, and other relevant factors.

Progress and Challenges in Attaining ENAP-EPMM Targets in Nigeria

Worldwide, we face a silent crisis with 4.5 million maternal and newborn deaths and stillbirths occurring annually due to stalled progress. Complacency is, in fact, the leading cause of these fatalities. Nigeria currently ranks as the largest contributor to maternal deaths and the second-largest contributor to neonatal deaths globally, with a maternal mortality ratio (MMR) of 512 per 100,000 live births and a neonatal mortality ratio (NMR) of 34 per 1,000 live births.

Although Nigeria has made some headway in reducing preventable maternal and newborn deaths (see Box 1), the current pace of progress is too slow to meet SDG targets. Additionally, substantial disparities exist between Northern and Southern Nigeria, with most improvements observed in the southern region. These disparities are likely due to cultural and socioeconomic factors influencing service uptake and utilization, emphasizing the need for targeted efforts in Nigeria to bridge these equity gaps.[2]

Box 1: National trends on selected MNH + stillbirth indicators in Nigeria [3]

- MMR: 545 (NDHS 2008) to 512 (MICS 2021) per 100,000 live births
- NMR: 37 (NDHS 1999) to 34 (MICS 2021) per 1,000 live births
- Stillbirth rate (SBR): 45.6 (NDHS 2008) to 22.5 (MICS 2021) per 1000 total births
- Skilled personnel at childbirth: 42% (NDHS 1999) to 57.6% (MICS 2021)
- Facility birth: 37% (NDHS 1999) to 56.8% (MICS 2021)



Collaborative Efforts Among Stakeholders to Improve Maternal and Newborn Survival Rates

Multi-stakeholder collaboration is vital to meet ENAP and EPMM targets and milestones. To accomplish their objectives, these frameworks necessitate the involvement of various stakeholders, including civil society organizations (CSOs). In Nigeria, CSOs play a pivotal role in advancing progress toward ENAP and EPMM targets and milestones by advocating for funding, policies, and programs addressing maternal and newborn mortality.

“Government and other stakeholders have embraced the principle of joint ownership and collaboration within the SLAMs and meet quarterly to collate evidence, analyze, and take actions. Government now looks to CSOs to help advocate to decision-makers in areas where there are bottlenecks, with the result of more informed and targeted advocacy.” [4]

Highlighted below are examples of CSOs and accountability mechanisms playing a crucial role in advancing MNH by collaborating with the government and other partners at federal and state levels to identify barriers and design innovative community-based approaches, building on best practices, such as promoting the use of skilled birth attendants (SBA) and antenatal care (ANC).

- **E4A-MamaYe!** In Kaduna state, Northern Nigeria, E4A-MamaYe! facilitated social autopsies in Soba and Yakassai communities as part of the community maternal and perinatal death surveillance and response (C-MPDSR) implementation in collaboration with Kaduna State Government and a Population and Reproductive Health Initiative (PRHI). These autopsies solicited views from community members and health care workers on the social determinants of maternal and perinatal deaths and potential solutions. The findings reinforced the idea that communities can identify and discuss maternal and perinatal death causes and develop actions to save lives and improve women's and newborns' health in Nigeria and other low- to middle-income countries (LMICs). Involving local communities in MNH programs and accountability mechanisms allows for a more comprehensive understanding of the factors contributing to poor health outcomes and the development of tailored, culturally appropriate, and context-specific solutions.

- **Nigeria Health Watch:** As a What Women Want local partner, Nigeria Health Watch supports Niger state's government in establishing maternal and perinatal death surveillance and response (MPDSR) committees in Local Government Areas (LGAs). The Niger State Primary Health Care Development Agency (PHCDA) has agreed to pilot the institutionalization of C-MPDSR committees in three LGAs (Suleja, Lapai, and Borgu) where most births still occur at home with relatives' assistance. Establishing C-MPDSR committees strengthens the accountability ecosystem and promotes facility-based/skilled attendance at birth.
- **State Level Accountability Mechanisms (SLAMs) and the National Reproductive, Maternal, Newborn, Child, Adolescent, and Elderly Health Plus Nutrition (RMNCAEH+N) Technical Working Group** are multi-stakeholder platforms that drive the design and implementation of MNH initiatives in Nigeria, helping achieve ENAP and EPMM targets and milestones. SLAMs are multi-stakeholder coalitions found in states like Bauchi, Kaduna, Yobe, Niger, and Lagos, made up of state and local government representatives, health professional associations, civil society, media, and traditional leaders. One successful example is the Lagos Accountability Mechanism for Maternal, Newborn, Child, and Adolescent Health (LASAM4CMNAH) Coalition, which launched a scorecard in 2016 tracking essential lifesaving commodities for MNH in Lagos. This initiative held stakeholders accountable for replenishing stock before depletion, leading to a substantial decline in stock-outs from 65% in 2016 to zero in 2020.
- **The National RMNCAEH+N Technical Working Group (TWG)** oversees MNH initiatives, including ENAP-EPMM, with representatives from the government, donors, international and domestic partners, civil society, and the private sector. State RMNCAEH+N platforms provide similar coordination at subnational levels, with 11 existing structures and 8 being fully operational and active. Other platforms driving collective action include the RMNCAEH+N Multi-Stakeholder Partnership Coordination Platform and the Quality of Care technical working group, both linked to the National RMNCAEH+N TWG.



Community, women and religious leaders and healthcare providers holding a meeting at the healthcare centre on how to improve the quality of maternal and child healthcare services in Soba community.



Policy Ecosystem for Maternal and Newborn Health Accountability

Nigeria has existing national maternal and newborn policies and plans and the newly developed MNH Acceleration Plan that can be leveraged by all stakeholders to achieve 2030 targets for MMR, NMR, SBR.

- Nigeria has developed a draft MNH Acceleration Plan to prioritize and coordinate stakeholder efforts, serving as a roadmap for achieving the country's ENAP and EPMM targets. The plan, created by the National RMNCAEH+N Technical Working Group, will be finalized after the International Maternal and Newborn Health Conference in May 2023 with additional stakeholder input. Priorities include tracking MNH resources, implementing minimum analytical requirements for ENAP-EPMM data utilization, and supporting MPDSR at all levels.
- In 2021, Nigeria revised the Nigeria Every Newborn Action Plan (NIENAP) to accelerate progress toward SDG 3.2, incorporating subnational stakeholder input, new global MNH interventions, and lessons from the COVID-19 pandemic. To sustain the gains made pre-pandemic, the government and partners should accelerate the implementation of the RMNCAEH+N and COVID-19 Response Continuity Plan, outlining Nigeria's approach to mitigating the indirect impact of COVID-19 while maintaining RMNCAEH+N service provision.

Nigeria has a number of additional key policies and resources that can help sustain momentum and advance progress for MNH, including: the National Implementation Guide for RMNCAEH+N Quality of Care, [2022 National Child Health Policy](#), [National Policy on Maternal, Infant, and Young Child Nutrition](#), [National Guideline for Comprehensive Newborn Care](#), [National Guideline for Basic Newborn Care](#), and the 2017 National Reproductive Health Policy.



Call to Action

FOR ADVOCATES

- **Strengthening policy implementation and financing for MNH+S (stillbirth):** Advocacy efforts should target the implementation of existing MNH policies at the subnational level and address financing bottlenecks. Mobilizing resources from donors and domestic sources and efficient utilization of existing funds is critical.
- **Fostering multi-stakeholder engagement in MNH+S planning:** Encourage collaboration and coordination among all sectors and focus on building sustainable partnerships and aligning plans, strategies, and activities to achieve shared goals. Scale up and strengthen platforms that work (e.g., SLAMs, C-MPDSR, and the RMNCAEH+N TWG).
- **Amplifying community, women's, and parent voices for change:** Emphasize community engagement and empowerment, concentrating on generating demand for MNH services and encouraging women and parents to actively participate in MNH programs, planning, monitoring, and accountability processes.
- **Collaborating with media to showcase progress and address gaps:** Engage media to raise awareness on MNH+S issues, celebrate progress, and highlight challenges that need attention to help build public support and political commitment, as well as maintain momentum for continued improvements in MNH outcomes.

FOR DECISION-MAKERS

Federal Government

- **Strengthening multi-stakeholder coordination:** Strengthen coordination among stakeholders to optimize resource allocation, minimize duplication of efforts, and establish robust accountability mechanisms for quality service delivery.
- **Supporting the MNH Acceleration Plan:** Demonstrate political will and commitment by funding Nigeria's MNH Acceleration Plan to ensure progress toward agreed milestones and ensure regular review of the plan to assess performance against milestones and make strategic course corrections as needed.
- **Integrating MNH action plans:** Advocate for state-level integration of MNH action plans into Reproductive, Maternal, Newborn, and Child Health (RMNCAH) operational plans to ensure ownership of activities.
- **Complementing existing policies for the mother-baby dyad:** Develop a national Safe Motherhood strategy to complement existing policies on newborn health.

State Government

- **Funding state operational plans and budgets:** Show commitment to the MNH Acceleration Plan by allocating resources to MNH initiatives and incorporation in state annual operational plans and budgets; and leverage effective multi-stakeholder coordination platforms to regularly assess progress.
- **Supporting interventions:** Prioritize funding and scale-up for proven MNH interventions, such as essential lifesaving commodities, kangaroo mother care, and small and sick newborn units, to achieve ENAP-EPMM targets.

Local Government

- **Prioritizing community based-solutions:** Prioritize investments in health facility upgrades and human resources for health, particularly skilled birth attendants (SBAs), as well as group ANC and other proven, community-based solutions.

Acknowledgements

This brief was created collaboratively by partners including: E4A-MamaYe!, Samasha, and Jhpiego supported by the ENAP-EPMM Advocacy and Accountability Working Group and Global Health Visions. Special thanks go to authors, contributors, and reviewers: Esther Agbon, Cornelia Asimwe, Chibugo Okoli, Maimuna Abdullahi, Maruchi Wotogbe, Caitlyn Mitchell, and Susannah Hurd.



1: Stakeholders include government decision-makers (national and sub-national), UN agencies, advocates and civil society, healthcare professional associations, community and parent voices, academia, and private sector

2: Improving Maternal and Newborn Health and Survival and Reducing Stillbirth: Progress Report 2023

3: Box 1: Sources: Nigeria Demographic and Health Survey (1999, 2008); Multiple Indicator Cluster Survey – Nigeria (2021)

4: National Bureau of Statistics (NBS) and United National Children's Fund (UNICEF), August 2022. Nigeria 2021 Multiple Indicator Cluster Survey (MICS) and National Immunization Coverage Survey (NICS): Survey Findings Report.

5: Options, MamaYe Learning Brief: State Level Accountability Mechanisms: Trust and Multisectoral Action, 2019